

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 19 2016

1. CARRIER INFORMATION:

468 All Events Shuttle Service, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

4406 Eastwood Court Apt./Suite City Fairfax State VA Zip 22032-1838

*Street Address of Principal Place of Business Apt./Suite City State Zip

Mailing Address (if different from street address) Apt./Suite City State Zip

(703) 273-4222 (703) 293-9599 (703) 273-8003
*Telephone Other Telephone Fax E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

883769 517
USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Bahman Zohary President

*Name *Title

(703) 919-7430 (703) 293-9599 (703) 273-8003
*Telephone Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
14	2013	Dodge	3C7WRMDL1D6598907	H-523551	VA	27	NO
13	2013	FORD	1FDXE4FS2DDA38940	H-519284	VA	23	NO
11	2011	FREIGHTLINER	1FVACW1D063HBA1000	H-519277	VA	33	NO
3	2003	FORD	1FDAE55382HB22831	H-514616	VA	24	NO
1	2001	FORD	1FDWE45F31HA31726	H-512361	VA	23	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

BAHMAN ZOHARY
*Name (type or print)

PRESIDENT
*Title (not required for sole proprietors)

T. Bahman Zohary
*Signature

1-14-2016
*Date